

AMEBIASIS

Last revised June 20, 2011

Effective March 1, 2008

**This disease is no longer reportable in the State of Wisconsin
The guidelines below should be followed for cases diagnosed prior to March 1, 2008**

I. IDENTIFICATION

- A. **CLINICAL DESCRIPTION:** Parasitic infection of the large intestine by *Entamoeba histolytica* resulting in an illness of variable severity ranging from mild, chronic diarrhea to fulminant dysentery. In the U.S. most cases are asymptomatic. Extra-intestinal infection may occur, most commonly liver abscesses.
- B. **REPORTING CRITERIA:** Laboratory confirmation.
- C. **LABORATORY CRITERIA FOR CONFIRMATION:**
Intestinal amebiasis:
- Demonstration of *E. histolytica* cysts or trophozoites in stool, OR
 - Demonstration of trophozoites in tissue biopsy, culture or histopathology.
- Extra-intestinal amebiasis:**
- Demonstration of *E. histolytica* trophozoites in extra-intestinal tissue.
- D. **WISCONSIN CASE DEFINITION:** A clinically compatible illness that is laboratory confirmed. Asymptomatic intestinal carriage of *E. histolytica* should not be reported.

II. ACTIONS REQUIRED / PREVENTION MEASURES

- A. **WISCONSIN DISEASE SURVEILLANCE CATEGORY II:**
Report to the patient's local health department either electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an Acute and Communicable Disease Case Report ([F-44151](#)), or by other means within 72 hours upon recognition of a case or suspected case.
- B. **EPIDEMIOLOGY REPORTS REQUIRED:**
- *Electronically* – Report through WEDSS, including appropriate disease-specific tabs
or
 - *Paper Copy* – Acute and Communicable Diseases Case Report ([F-44151](#))
- C. **PUBLIC HEALTH INTERVENTIONS:**
In accordance with Wisconsin Administrative rule DHS 145.05, local public health should follow the methods of control recommended in the current edition of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association.
- Educate public about proper hand washing after toileting or handling contaminated clothing or linens, before cooking, or associating with high-risk individuals.
 - Assess patient's activities for high-risk settings.
 - Educate and advise high-risk patients and food handlers on enteric precautions.
 - Educate high-risk groups to avoid sexual practices that may permit fecal-oral transmission.
 - Source investigation by LHD.

Wisconsin Division of Public Health Communicable Disease Surveillance Guideline

- Treatment recommended for known carriers.
- Determine if case is outbreak-related and notify Regional Office or CDES.

III. CONTACTS FOR CONSULTATION

A. LOCAL HEALTH DEPARTMENT – REGIONAL OFFICES – TRIBAL AGENCIES:
<http://www.dhs.wisconsin.gov/localhealth/index.htm>

B. BCDER / COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION: (608) 267-9003

C. WISCONSIN STATE LABORATORY OF HYGIENE / PARASITOLOGY (608) 263-3421

IV. RELATED REFERENCES

- Heymann DL, ed. Amebiasis. In: *Control of Communicable Diseases Manual*. 19th ed. Washington, DC: American Public Health Association, 2008: 11-15.
- Pickering LK, ed. Amebiasis. In: *Red Book: 2009 Report of the Committee on Infectious Diseases*. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2009: 206-208.